Sc	hedule E)				PAGE 1 OF 14 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼							
۷۷	Workers' Voice  C C00484287						
Che	eck if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on 1	0 12 2014		
	Full Name of Payee COMMITTEE ON LETTER CARR	IERS POLITICA	AL EDUCATION	M	Public Distribution/Dissemination		
Ī	Mailing Address 100 Indiana Avenue, N.W.			Amoun			
ŀ	City	State	Zip Code		199.73		
	Washington	DC	20001		ction ID : D548302 Disbursement or Obligation		
	Purpose of Expenditure InKind Staff		Category/ Type 001	М	10 10 2014		
Ì	Name of Federal Candidate		Support	Office Sought:	House District: 00		
	ALISON LUNDERGAN GRIMES		Oppose	Presider			
	Calendar Year-To-Date Per Election for Office Sought	7 7	52800.08	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶		
	Full Name of Payee	IEDO DOLITICA	AL EDUCATION	Date of	f Public Distribution/Dissemination		
	COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION				10 10 / 2014		
	Mailing Address 100 Indiana Avenue, N.W.			Amoun	t		
ŀ	City	State	Zip Code		1965.37		
	Washington	DC	20001	I	tion ID : D548304 f Disbursement or Obligation		
	Purpose of Expenditure InKind Staff		Category/ Type 001		10 / 10 / 2014		
Ī	Name of Federal Candidate		X Support	Office Sought:	House District:00		
	MARK BEGICH		Oppose	Presider	nt Senate State: AK		
	Calendar Year-To-Date Per Election for Office Sought		182135.87	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶		
,	(-) CURTOTAL of Hamised Independent Evner	-19			2405.40		
(	(a) SUBTOTAL of Itemized Independent Expen	ditures		·	2165.10		
(	(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •	7		
(	(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1		
٧	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized	•		•		
	Ms. Elizabeth H Shuler	[Electror	nically Filed] Date	m m /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature		_				

Schedule E)	PAGE 2 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed of	on 10 12 2014
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.	10 10 2014 Amount
City State Zip Code	199.73
Washington DC 20001	Transaction ID : D548305 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	10 10 7 2014
Name of Federal Candidate Support Office	Sought: House District: 00
MITCH MCCONNELL	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For: Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
AKPD Message & Media LLC	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 730 North Franklin Street, #404	Amount
City State Zip Code	50000.00
5.115dg5	Transaction ID : D547914 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad  Category/ Type  004	10 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
DAN SULLIVAN Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	50199.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date  Signature	

S	chedule E)	PAGE 3 OF 14 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vorkers' Voice	C C00484287
Ch	neck if 24-hour report X 48-hour report New report X Amends rep	ort filed on 10 12 2014
	Full Name of Payee AKPD Message & Media LLC	Date of Public Distribution/Dissemination
	Mailing Address 730 North Franklin Street, #404	10 15 2014 Amount
	City State Zip Code	50000.00
	Chicago IL 60654	Transaction ID : D547915  Date of Disbursement or Obligation
	Purpose of Expenditure Radio Ad  Category/ Type  004	10 10 7 2014
	Name of Federal Candidate Support	Office Sought: House District:00
	MARK BEGICH Oppose	President Senate State: AK
	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	AKPD Message & Media LLC	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 730 North Franklin Street, #404	Amount
	City State Zip Code	25000.00
	Chicago IL 60654	Transaction ID : D547916  Date of Disbursement or Obligation
	Purpose of Expenditure Radio Ad  Category/ Type  004	10 10 / Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support	Office Sought: House District: 00
	DAN SULLIVAN Oppose	President Senate State: AK
	Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General 2014  General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	> 75000.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(b) 335131AE of officeringed independent Expenditures	··· •
	(c) TOTAL Independent Expenditures	··· <b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler [Electronically Filed] Dat	e 10 / 17 / 2014

Schedule E)	PAGE 4 OF 14 FOR SE OF FORM 24/48					
IAME OF COMMITTEE (In Full)  Morkora' Voice						
Workers' Voice	C C00484287					
	10 12 2014					
AKPD Message & Media LLC	of Public Distribution/Dissemination					
Mailing Address 730 North Franklin Street, #404  Amount	10 15 2014 nt					
City State Zip Code	25000.00					
Chicago IL 60654 Trans	eaction ID : D547917 of Disbursement or Obligation					
Purpose of Expenditure	10 10 2014					
Name of Federal Candidate Support Office Sough	nt: House District: 00					
MARK BEGICH Oppose Preside						
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  O	nt For:					
Voices of the American Federation of Government Employees	of Public Distribution/Dissemination					
Mailing Address 80 F Street, NW Amou	10 10 2014 unt					
City State Zip Code	352.48					
Date of	action ID: D548308 of Disbursement or Obligation					
Purpose of Expenditure InKind Staff  Category/ Type  001	10 10 2014					
Name of Federal Candidate Support Office Sough	nt: House District: 00					
MARK BEGICH Oppose Preside						
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2014  O	nt For:					
(a) SUBTOTAL of Itemized Independent Expenditures	25352.48					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler  [Electronically Filed] Date  Ms. Elizabeth H Shuler  [Electronically Filed] Date	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					

Schedule E)	TOTILO	PAGE 5 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	ort X Amends report file	d on 10 12 2014
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		10 10 2014
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	8.17
Washington DC	20006	Transaction ID : D548315 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	10 10 2014
Name of Federal Candidate	Support Office	ce Sought: House District:00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	80867.95 Disk 2014	oursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		10 10 2014
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	8.17
Washington DC	20006	Transaction ID : D548321 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	10 10 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
TERRI LYNN LAND	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	80867.95 Dist 201	oursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures		16.34
	·	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	····	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler  [Electroni Signature	cally Filed] Date	10 17 2014
Oignature		

Schedule E)	EXI END	TOTILO		PAGE 6 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			i	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	ort filed on 1	0 12 2014
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO				10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amoun	t
City	State	Zip Code		7.16
Washington	DC	20006		ction ID : D548323 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		10 10 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, ,	52800.08	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
AFL-CIO				10 10 2014
Mailing Address 815 - 16th Street, NW			Amoun	t
City	State	Zip Code		30.43
Washington	DC	20006		tion ID : D548327  f Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	182135.87	Disbursement 2014 Otl	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	S			37.59
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10	17 2014
Signaturo				

Schedule E)	1 =/(1 = (1 = )			PAGE 7 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	ort filed on 10	12 2014
Full Name of Payee AFL-CIO			M = M	blic Distribution/Dissemination
Mailing Address 815 - 16th Street, NW			Amount	10 2014
City	State	Zip Code		7.16
Washington	DC	20006		on ID: D548328 sbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		52800.08	Disbursement For 2014 Other	: Primary
Full Name of Payee AFL-CIO			M = M	
Mailing Address 815 - 16th Street, NW			Amount	10 2014
City	State	Zip Code		8.42
Washington	DC	20006		n ID : D548329 sbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10	10 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		31586.82	Disbursement For 2014 Other	r: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>→</b>	15.58
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10 1	
Signature				

Schedule E)	EXI ENDI	101120		PAGE 8 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287		
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on	10 12 2014
Full Name of Payee AFT Solidarity 527				of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			Amour	10 10 2014
City S	tate	Zip Code		140.00
	DC	20001		action ID : D548335 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 10 2014
Name of Federal Candidate		Support	Office Sough	: House District: 00
MARK BEGICH		Oppose	Preside	ent Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	. 1	82135.87	Disbursement 2014 Of	t For:
Full Name of Payee COMMUNICATIONS WORKERS OF AN	MERICA V	VORKING VOICE	-s	of Public Distribution/Dissemination
Mailing Address 501 3RD STREET, NW			Amou	
City	state	Zip Code		225.25
- rasimigai	DC	20001		ction ID : D548337 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	М	10 10 / 2014
Name of Federal Candidate		X Support	Office Sough	t: House District: 00
MARK BEGICH		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		182135.87	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures				365.25
(b) SUBTOTAL of Unitemized Independent Expenditure:	s		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Elizabeth H Shuler Signature	[Electroni	ically Filed] Date	10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		101120		PAGE 9 OF 14 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Workers' Voice	Vorkers' Voice					
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on	10 12 2014		
Full Name of Payee UFCW Int'l Union Working Families Ad	dvocacy	Project		of Public Distribution/Dissemination		
Mailing Address 1775 K Street, NW			Amour	10 10 2014		
City	tate	Zip Code	-	78.68		
	DC	20006-1598		action ID : D548338  If Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001		10 10 2014		
Name of Federal Candidate		Support	Office Sough	t: House District: 00		
GARY PETERS		Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought		80867.95	Disbursement 2014 Of	t For:		
Full Name of Payee UFCW Int'l Union Working Families Advo	ocacy Pro	ject		of Public Distribution/Dissemination  10		
City	tate	Zip Code		100.38		
	DC	20006-1598		ction ID: D548341 of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001		10 / 10 / 2014		
Name of Federal Candidate		Support	Office Sough	t: House District: 00		
MITCH MCCONNELL		X Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought		52800.08	Disbursemen 2014 O	t For:		
(a) SUBTOTAL of Itemized Independent Expenditures			· [	179.06		
(b) SUBTOTAL of Unitemized Independent Expenditures	s		•			
(c) TOTAL Independent Expenditures			•	7 7		
Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized					
Ms. Elizabeth H Shuler	[Electroni	ically Filed] Date	10 /	17 2014		
Signature						

Schedule E)	NOCIVI EXI END	THORIEG	PAGE 10 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287		
Check if 24-hour report X 48-hour rep	port New re	port X Amends repo	ort filed on 10 12 2014
Full Name of Payee UFCW Int'l Union Working Fa	milies Advocacy	<sup>,</sup> Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			10 10 2014  Amount
City Washington	State DC	Zip Code 20006-1598	100.38 Transaction ID : D548346
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation
Name of Federal Candidate		X Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES  Calendar Year-To-Date		Oppose	President Senate State: KY  Disbursement For: Primary General
Per Election for Office Sought  Full Name of Payee	7 7	52800.08	Other (specify) ▶  Date of Public Distribution/Dissemination
UFCW Int'l Union Working Fam  Mailing Address 1775 K Street NW	illies Advocacy Pr	oject	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1770 K Galdat, WV			Amount
City Washington	State DC	Zip Code 20006-1598	78.68  Transaction ID : D548347  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 10 7 2014
Name of Federal Candidate TERRI LYNN LAND		Support  Oppose	Office Sought: House District: 00  President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		80867.95	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		. ▶ 179.06
(b) SUBTOTAL of Unitemized Independent	Expenditures		. >
(c) TOTAL Independent Expenditures			
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17 2014

Schedule E)	DITORES	PAGE 11 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New re	eport X Amends report file	ed on 10 / 12 / 2014
Full Name of Payee AFT Michigan General Fund		Date of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.		10 10 2014  Amount
City State	Zip Code	35.98
Grayling MI	49738	Transaction ID : D548356  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 10 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
TERRI LYNN LAND	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	80867.95 Dis 201	sbursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
AFT Michigan General Fund		10 10 / 2014
Mailing Address 2342 Industrial St.		Amount
City State	Zip Code	35.98
Grayling MI	49738	Transaction ID : D548357  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	fice Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	80867.95 Dis 20	sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	71.96
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler  [Electronic Signature]	onically Filed] Date	10 17 2014

Schedule	E)		101120		PAGE 12 OF 14 FOR SE OF FORM 24/48
	COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Workers	S' Voice				C C00484287
Check if	24-hour report X 48-hour re	eport New repo	ort X Amends repo	rt filed on 10	
Full Nan Retail,	ne of Payee Wholesale and Department	Store Union Internation	al Treasury Accour	nt	Public Distribution/Dissemination  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing /	Address 30 E29th St.			Amount	
City		State	Zip Code		32.16
New Yo		NY	10016		ction ID : D548362 Disbursement or Obligation
Purpose InKind S	of Expenditure Staff		Category/ Type 001	M 1	0 10 / 2014
Name of	f Federal Candidate		Support	Office Sought:	House District:00
TERRII	LYNN LAND		X Oppose	Presiden	t Senate State: MI
	endar Year-To-Date Election for Office Sought	, , , , ,	80867.95	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
	ne of Payee , Wholesale and Department Address 30 E29th St.	Store Union Internatio	nal Treasury Accou	ınt	0 10 2014
City		State	Zip Code		32.16
New Yo	ork	NY	10016		tion ID : D548363 Disbursement or Obligation
Purpose InKind	e of Expenditure Staff		Category/ Type 001	M 1	0 10 / 2014
Name o	f Federal Candidate		X Support	Office Sought:	House District: 00
GARY F	PETERS		Oppose	Presiden	t Senate State: MI
	lendar Year-To-Date r Election for Office Sought	,	80867.95	Disbursement 2014 Oth	For: Primary X General er (specify) ►
(a) SUBT	<b>FOTAL</b> of Itemized Independent E	expenditures		· []	64.32
(b) SUBT	FOTAL of Unitemized Independen	t Expenditures		· []	7 1 7 1 2
(c) TOTA	L Independent Expenditures			•	4 4 4
with, or a		ny candidate or authorized			operation, consultation, or concert e reporting entity is not a political
	Ms. Elizabeth H Shuler	[Electroni	ically Filed] Date		17 2014
Signat	rure				

Schedu	le E)		10.120		PAGE 13 OF 14 FOR SE OF FORM 24/48	
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Worke	ers' Voice				C C00484287	
Check if	24-hour report X 48-hour r	report New repo	ort X Amends repo	ort filed on	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	lame of Payee cky Mountain Voter Outre	each, LLC			of Public Distribution/Dissemination	
Mailin	g Address 899 Logan Street, Suite	300		Amou		
City		State	Zip Code	— [	646.40	
Denv	er	CO	80203		action ID : D548364 of Disbursement or Obligation	
	se of Expenditure rassers		Category/ Type 001		10 10 / 2014	
Name	of Federal Candidate		Support	Office Sough	t: House District:00	
MARI	K E UDALL		Oppose	Preside		
	Calendar Year-To-Date Per Election for Office Sought		31586.82	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶	
Full Name of Payee Great Lakes Regional Organizing Committee/LIUNA General Treasury  Mailing Address 8770 Bryn Mawr Ave, #1212  Date of Public Distribution/Dissemin 10 10 Amount						
City		State	Zip Code		33.29	
Chica		IL	60631		oction ID: D548371 of Disbursement or Obligation	
	ose of Expenditure ad Staff		Category/ Type 001		10 / 10 / 2014	
Name	e of Federal Candidate		Support	Office Sough	nt: House District:00	
TERF	RI LYNN LAND		X Oppose	Preside		
	Calendar Year-To-Date Per Election for Office Sought		80867.95	Disbursemen 2014 O	nt For:	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TO	TAL Independent Expenditures			· • [		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 10	17 2014	
Sigr	nature					

Schedule E)	PAGE 14 OF 14 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Workers' Voice	C C00484287					
Check if 24-hour report X 48-hour report New report X Amends report filed on 10 12 2014						
Full Name of Payee Great Lakes Regional Organizing Committee/LIUNA General Treasury	e of Public Distribution/Dissemination					
Mailing Address 8770 Bryn Mawr Ave, #1212  Amo						
City State Zip Code	33.29					
Chicago IL 60631 Tran	nsaction ID : D548372 e of Disbursement or Obligation					
Purpose of Expenditure InKind Staff Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office Soug	ght: House District: 00					
GARY PETERS Oppose Presi	M					
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:  Primary					
Full Name of Payee Date	e of Public Distribution/Dissemination					
Mailing Address Amo	ount					
City State Zip Code						
Purpose of Expenditure  Category/ Type  Date	e of Disbursement or Obligation					
Name of Federal Candidate  Support  Oppose  Presi	ght: House District:ident Senate State:					
Calendar Year-To-Date  Disburseme						
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	154359.45					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler  [Electronically Filed] Date	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					